

Note: Entries should match Audit and/or Financial Statements

PROGRAM


NAME _____

AGENCY

List total revenue as per each column heading

IDENTIFY EACH REVENUE SOURCE	Prior Year 7/1/10-6/30/11	Current Year 7/1/11-6/30/12	% Secured (Use Decimal)	Proposed Year 7/1/12-6/30/13	% Secured (Use Decimal)
TOTAL PROGRAM REVENUE					

List total expenses as per column heading

PROGRAM EXPENSES	Prior Year 7/1/10-6/30/11	Current Year 7/1/11-6/30/12	Proposed Year 7/1/12-6/30/13	Proposed Year \$ Amt CDBG / HS
Salaries, Benefits, Payroll Taxes				
Consultants and Contracts				
Facility, Utilities, Maintenance				
Internet, Telephone, Fax				
Supplies				
Postage & Shipping				
Marketing (Printing, Advertising)				
Travel, Mileage, Training				
Equipment Rental / Maint.				
Insurance				
Other ** See below 				
Grants/Loans-expenses				
TOTAL PROGRAM EXPENSES				
NET EXCESS / DEFICIT (Subtract Total Expenses from Total Revenues)				

****Complete this table only if expenses under "Other" above exceed 25% of overall program budget, or the amount is in excess of \$100,000.**

IDENTIFY OTHER PROGRAM EXPENSES	Prior Year 7/1/10-6/30/11	Current Year 7/1/11-6/30/12	Proposed Year 7/1/12-6/30/13	Proposed Year \$ Amt CDBG / HS
TOTAL OTHER PROGRAM EXPENSES				